

MARKETING SUPPORT OPPORTUNITIES REQUEST FORM

*This form must be completed and returned for all marketing support opportunities except Symposia.
For Symposia please use the Symposium Request Application.*

CONTACT INFORMATION

QUESTIONS: **Stan Alger** (Director of Marketing/Development)
salger@prri.com or +1.978.927.8330 (Phone)

REMIT FORM TO: **Jennifer Gecawicz**
jgecawicz@prri.com or via fax to +1.978.524.0461

Once ISMICS receives your Support Request Form you will be notified regarding approval of your request and to confirm the appropriate next steps. Please indicate your interests below:

Exhibitor/Supporter	Contact/Title			
Address	City	State	Zip	Country
Phone	Fax	Email		

- | | |
|--|--------------|
| <input type="checkbox"/> SIMULATION SUITE | \$7,500 USD |
| <input type="checkbox"/> LATE BREAKING NEWS SUPPORT* | \$7,500 USD |
| <input type="checkbox"/> INTERNET / CME CENTER* | \$12,000 USD |
| <input type="checkbox"/> ISMICS HOTEL CHANNEL* | \$7,500 USD |
| <input type="checkbox"/> HOTEL KEY CARDS* | \$7,500 USD |
| <input type="checkbox"/> ONSITE SIGNAGE* | \$10,000 USD |

Complete form & return to:

ISMICS
Jennifer Gecawicz
Exhibits Coordinator
500 Cummings Center, Suite 4550,
Beverly, MA 01915 USA
Phone: +1.978.927.8330
Fax: +1.978.524.0461
jgecawicz@prri.com

PAYMENT INFORMATION

FEE DUE: \$ _____ Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

Credit Card Number _____ Expiration Date _____ Security Code (3 digits on front or back of card) _____

Name as it appears on credit card _____ Cardholder's Signature _____

- Please check if credit card billing address is same as contact information at the top of the form.
 If billing address is not the same please enter below.

Company Name _____ Street Address _____ City/State/Postal Code /Country _____

FOR ISMICS USE ONLY: Date Received: _____ Confirmation Sent: _____ Payment Received & Entered: _____